

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Title]
[Hospital/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a medical fee waiver for the medical services I received on [date(s) of service] at [name of hospital/clinic]. Due to [briefly explain your financial situation or hardship], I am unable to pay the full medical bills incurred during my treatment. Enclosed with this letter are the necessary documents to support my request, including [list any attached documents such as financial statements, proof of income, etc.]. I hope that you will consider my situation and grant me a waiver for the medical fees.

Thank you for your time and understanding. I look forward to your positive response.

Sincerely,
[Your Name]